

Name  
in  
Full

Sarah Ann Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Street Town Hayford County MARYLAND

Date of death 1907 Month 3 Day 27 Age 65 Years Months — Days —

Sex Female Color or Race White Birth-place Ind.

Occupation House Keeper Where Residing if not at place of death —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband —

Father's Name John W. Adams Father's Birthplace Ind.

Mother's Maiden Name Rebecca Mandel Mother's Birthplace Ind.

Name of parson giving information M. Finley How related to deceased nephew

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cancer (45) How long Three years

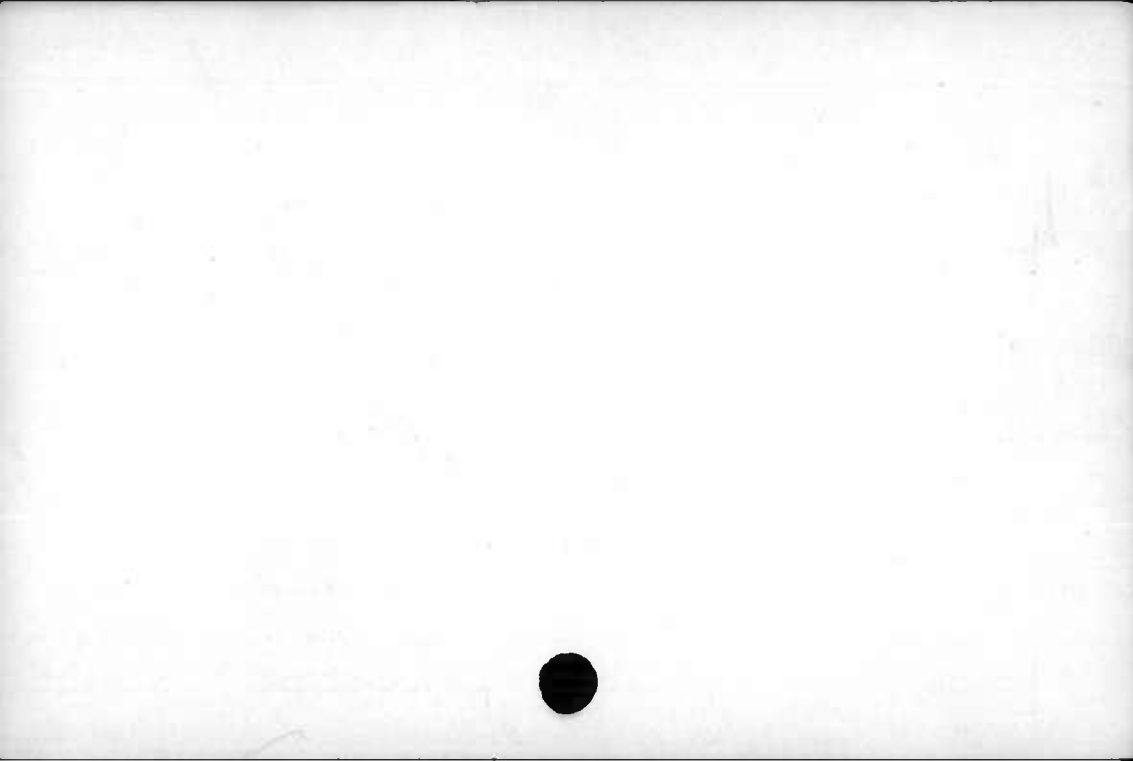
Immediate Heart ailment How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. E. A. Thomas

Address Cardiff Ind.

Accident or Suicide? —



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Josephine Agnes Anderson*  
Town *Bel Air* County *Harford.*

MARYLAND

Died at *Bel Air* *Harford.*  
Date of death *1907* Month *3* Day *8* Age *4* Years *6* Months *12* Days  
Sex *Female* Color or Race *White* Birth-place *Maryland.*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married~~ Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *John E Anderson* Father's Birthplace *Maryland*  
Mother's Maiden Name *Sarah E Rees* Mother's Birthplace \_\_\_\_\_  
Name of person giving information *John E Anderson* How related to deceased *Father*

CAUSES OF DEATH

**167**

PHYSICIAN  
OR CORONER

Primary *Burn at 9/10<sup>th</sup> surface* How long *at 11.45*  
*Shock* How long *455*  
Immediate \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Arnold Dappin*  
Address *Bel Air.*  
Accident or Suicide? *No*

Rock Strains.

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Julia Ann Bond*

Died at *Forest Hill* Town *Harford* County

Date of death 190 *7* Month *3* Day *19* Age *89* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Harford Co*

Married, Single or Widowed *Widowed* Occupation

Name of Wife or Husband *Mr. Henry Bond*

Father's Name *Chas Williams* Father's Birthplace *Harford Co*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Jasper Bond* How related to deceased *Son*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Senility*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Forest Hill Md*

Accident or Suicide?

Fair View

Name  
in  
Full

Mary Ann Bowman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Level Town Harford County MARYLAND

Date of death 1907 Month Mich Day 6 Age 57 Years 57 Months 5 Days —

Sex Female Color or Race White Birth-place Ind

Occupation Hook Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Albert H Bowman

Father's Name George Way Father's Birthplace Ind

Mother's Maiden Name Hester Hitchcock Mother's Birthplace Ind

Name of person giving information Linden Bowman How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis How long 8 mo

Immediate Heart and Kidney complications How long 10 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. L. Hopkins

Address Stavre de Grace

Accident or Suicide? Ind





Name  
in  
Full

Miss Sophia G. Brooks

## CERTIFICATE OF DEATH

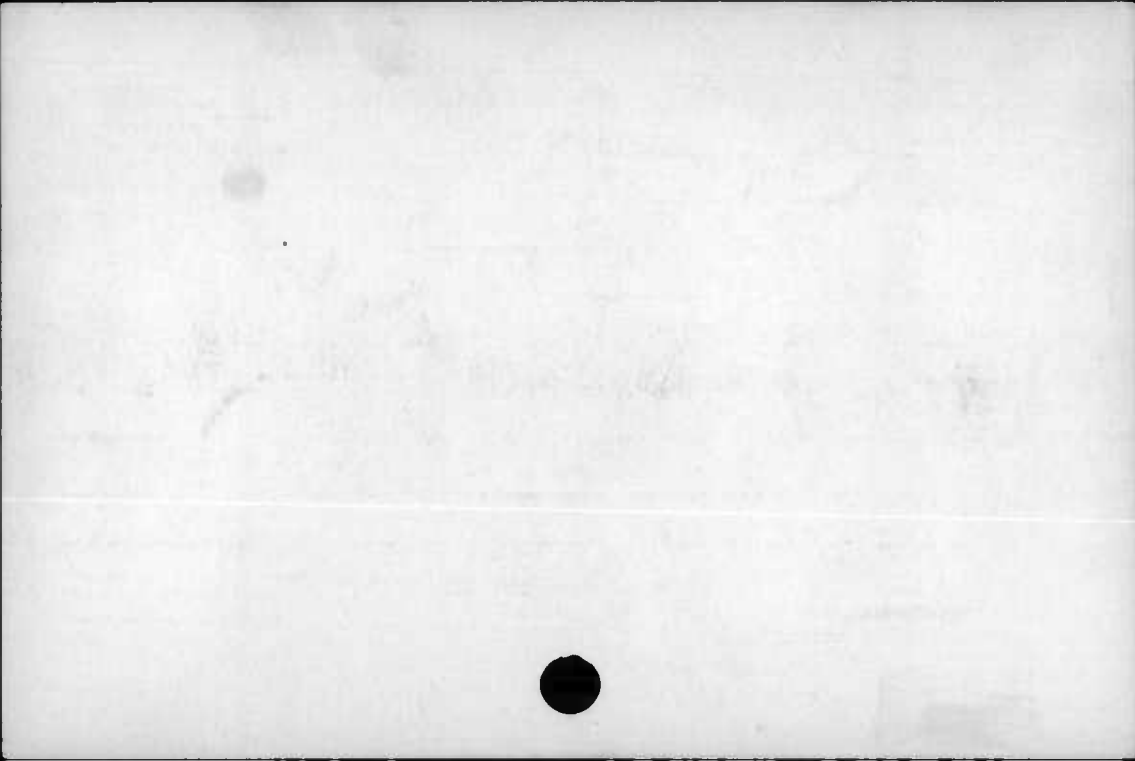
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hamden</i>		County <i>Hartford</i>		MARYLAND	
Date of death	1907	Month <i>Mar</i>	Day <i>14</i>	Age <i>68</i>	Years
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hamden</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>James Brooks</i>		Father's Birthplace <i>Hamden Conn.</i>			
Mother's Name <i>Sarah Brooks</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6 mos</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Hopkins</i>	
		Address <i>Hamden</i>	
Accident or Suicide?			



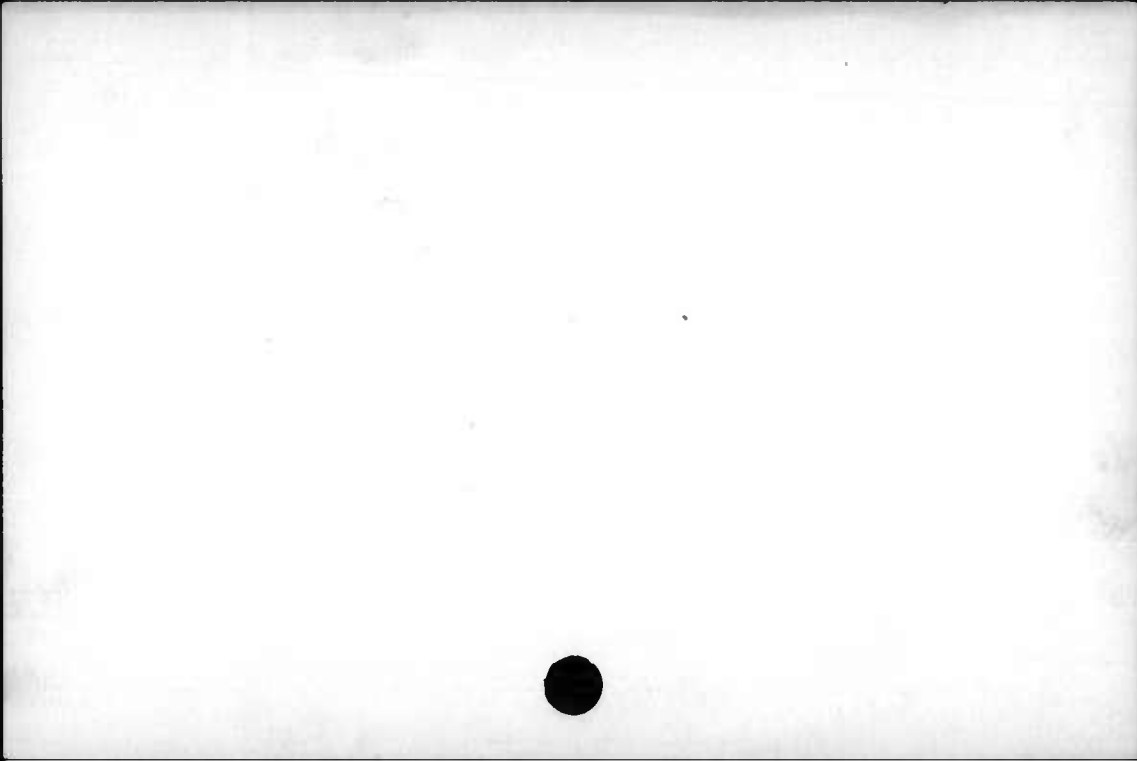
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full <i>William Oscar Henry Buchanan</i>						CERTIFICATE OF DEATH	
Died at <i>Federal Hill</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>11</i>		Age <i>4</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birthplace <i>Federal Hill</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>J. H. Buchanan</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Amanda Zee</i>				Mother's Birthplace <i>11</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

90

Primary <i>Capillary Bronchitis</i>		How long <i>10 days</i>
Immediate <i>Congestion of lungs</i>		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Oscar H. McNamee</i>
		Address <i>10 Jarrettsville Ind.</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Iola Cain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Darlington</i>		<sup>County</sup> <i>Harford</i>		MARYLAND	
Date of death	<sup>Month</sup> <i>March</i>	<sup>Day</sup> <i>16</i>	<sup>Years</sup> Age <i>8</i>	<sup>Months</sup> <i>3</i>	<sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles H. Cain</i>			Father's Birthplace <i>Darlington Md</i>		
Mother's Maiden Name <i>Harriet P Aikens</i>			Mother's Birthplace <i>Stafford Md</i>		
Name of person giving information <i>Harriet Cain</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Accidental discharge of gun in the hand of her brother</i>	How long	
Immediate Cause	<i>Winifred, aged 16 years - died in half an hour</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ephraim Hopkins M.D.</i>	
		Address <i>Darlington Md</i>	
Accident or Suicide?			

THE UNIVERSITY OF CHICAGO

CERTIFICATE OF DEATH

Died at *Darlington* Town

County  
Hartford

MARYLAND

Date of death 1907 Month March

Day  
2 nd

Age

Years

Months

Days

10-

Sex *Female*

Color or Race

White

Birth-  
place

Darlington

Occupation

Where Residing if not  
at place of death —

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James B. Cherry

**Father's Birthplace**

Greenville N.C.

Mother's  
Maiden Name

Blanche W Scott

Mother's Birthplace

Darlington N.C.

Name of person giving  
In formation

W. H. Scott

How related  
to deceased

gafather

### CAUSES OF DEATH

Primary

Stability

How long

151

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

32

Signature of Physician

Address

Eph Hopkins  
Darlington

M'd

### Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

Margaret Christy

Town

County

Died at

Baltimore

Harford

MARYLAND

Date

1907 3 21

Month

Day

Age

78.6

Native of

Harford

Occupation

Cook

Male

Female

White

Colored

Married

Single

Widow

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Aquila Holliday

Mother's

Name

Mary Christy

Cause of

Primary

Samuel's

Death

Immediate

Exsanguination

How long sick

2 mos

Accident, Suicide, Homicide

Reported by

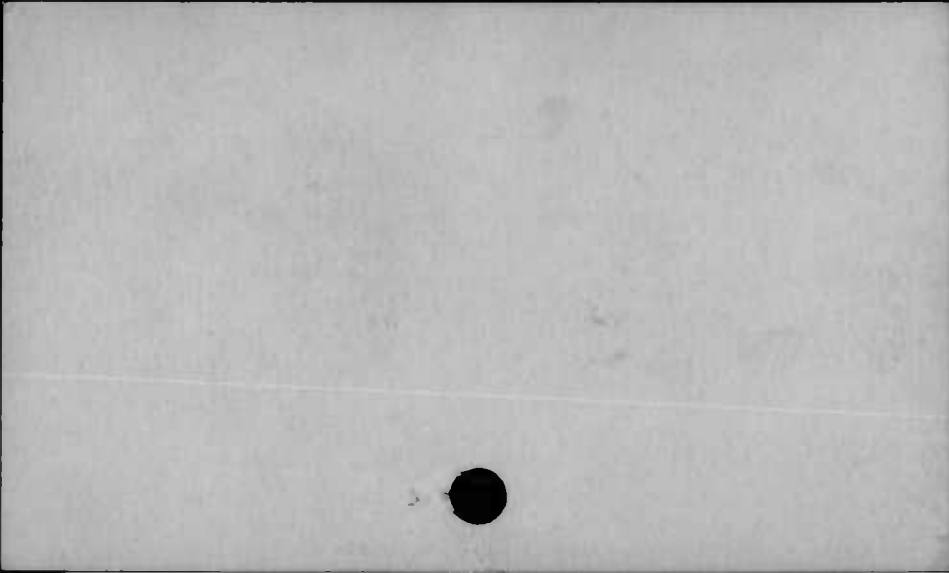
Catharine Sworth

Address

Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65968



Name  
in  
Full

CERTIFICATE OF DEATH

*Rowland Currey*  
Town

County

MARYLAND

Died at *about 1 mile north of Chesapeake Bay*

Date

Month

Day

Years

Months

Days

of death *1907*

*March*

*11*

Age

*6*

*1*

Sex

*Boy*

Color or  
Race

*white*

Birth-  
place

*Harford*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*Charles J. Currey*

Father's  
Birthplace

*Harford Md*

Mother's  
Maiden Name

*Susan A. Mobry*

Mother's  
Birthplace

*Harford Md*

Name of person giving  
In formation

How related  
to deceased

CAUSES OF DEATH

Primary

*Rough*

*(9)*

How long

*24 hours*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*R. P. Walker, Esq.  
Chesapeake Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Havre de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month <i>Mar</i>	Day <i>4</i>	Age <i>85</i>	Years <i>85</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Mo.</i>				
Occupation <i>Companion</i>			Where Residing if not at place of death <i>a home</i>				
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Mr. Dent</i>					
Father's Name <i>Haron Carter</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information <i>Miss Rebecca Carter</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>a week</i>
Immediate <i>Pneumonia</i>	How long <i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Al Crothers</i>
	Address <i>Havre de Grace</i>
Accident or Suicide?	



Name  
in  
Full

Nathaniel Burbine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Havon de Mea</i> <sup>Town</sup>		<i>Hartford</i> <sup>County</sup>		MARYLAND	
Date of death 1907		Month 3	Day 16	Age 18	Months — Days —
Sex Male	Color or Race Cal		Birth-place Md		
Occupation Not any	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name George Burbine	Father's Birthplace Md		Mother's Birthplace Md		
Mother's Maiden Name	How related to deceased Mother				
Name of person giving information					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(27)	How long
Immediate Tuberculosis		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician <i>J. Woodward</i>	Address <i>Havon de Mea Md.</i>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

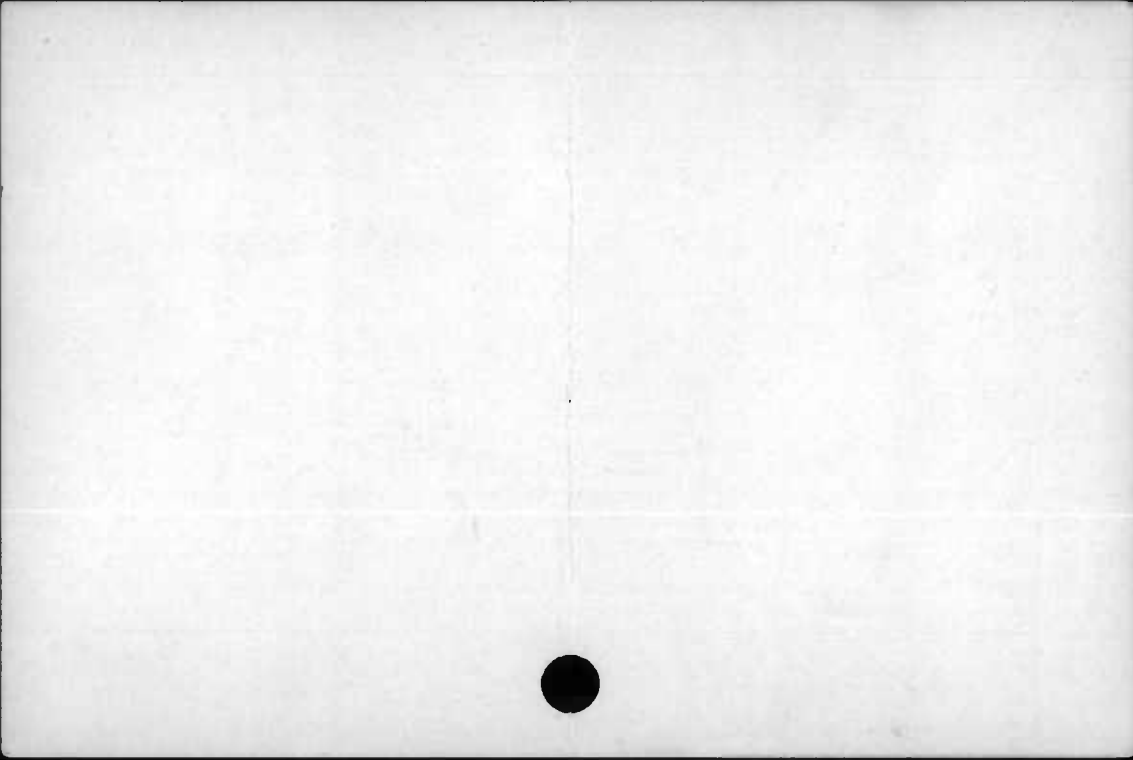
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Magnolia</i> <sup>Town</sup> <i>Harford</i> <sup>County</sup> <i>county</i>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>10</i> <sup>Years</sup> <i>77</i>	<sup>Months</sup>	<sup>Days</sup> <i>14</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Birth-place	<i>Baltimore county</i>		
Occupation	<i>Lived with his sons.</i>	Where Residing if not at place of death	<i>Magnolia</i>
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Georgie Price</i>
Father's Name	<i>Parker Everitt</i>	Father's Birthplace	<i>Clayton</i>
Mother's Maiden Name	<i>Mary Woolen</i>	Mother's Birthplace	<i>Laurely</i>
Name of person giving information	<i>Bessie Gunther</i>	How related to deceased	<i>grand daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Arterio Sclerosis. Mitral Regurgitation</i>	How long	<i>(81)</i>
Immediate	<i>Fatigue Compensation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Charles Roth</i>
		Address	<i>Edge wood Md</i>
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Ethyl Fantom

Died at <sup>Town</sup> Pylesville<sup>County</sup> Harford

MARYLAND

Date of death 1907 March

Day 10

Age 1 <sup>Years</sup>

Months 10

Days

Sex Female

Color or  
Race

White

Birth-  
place Pylesville

Occupation

Where Residing if not  
at place of death

Pylesville

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name John FantomFather's  
Birthplace York Co. Pa.Mother's  
Maiden Name Margaret CantlerMother's  
Birthplace Whiteford Md.Name of person giving  
In formation John FantomHow related  
to deceased Father

## CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

8 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

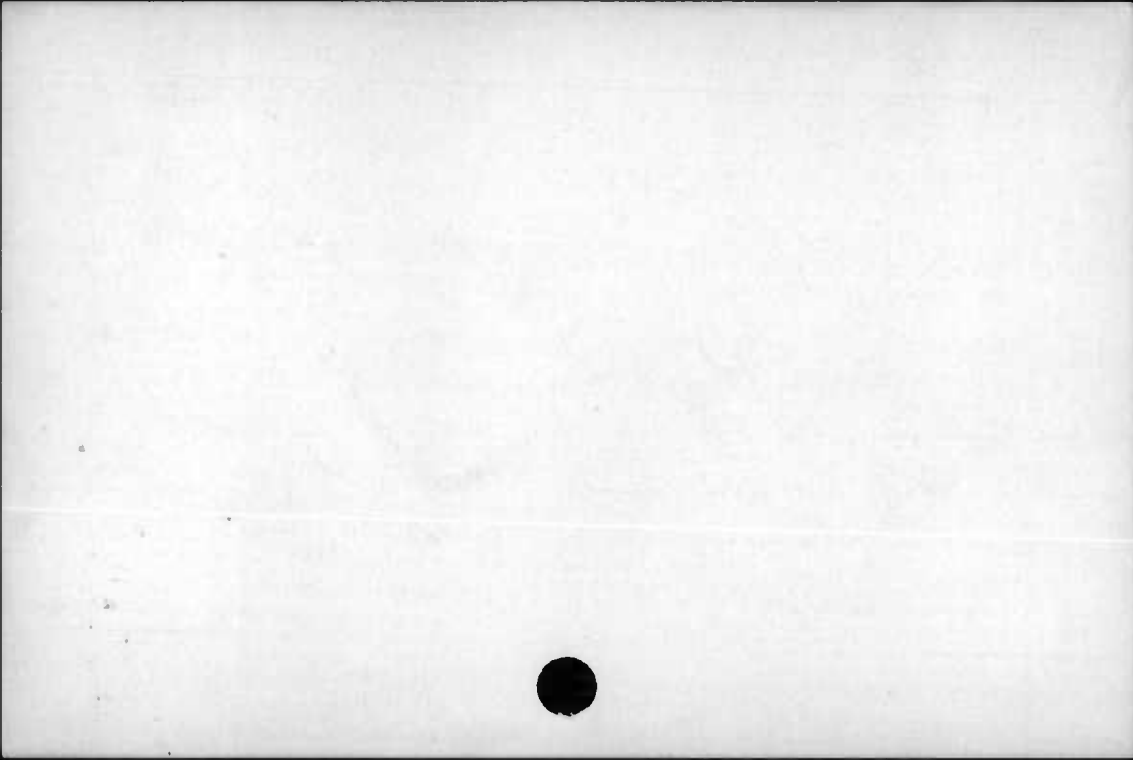
Address

C. W. Farnous  
Street. Ind.

Accident or Suicide?

✓

PHYSICIAN  
OR CORONER



Name  
in  
Full

John Greenwood Ford

## CERTIFICATE OF DEATH

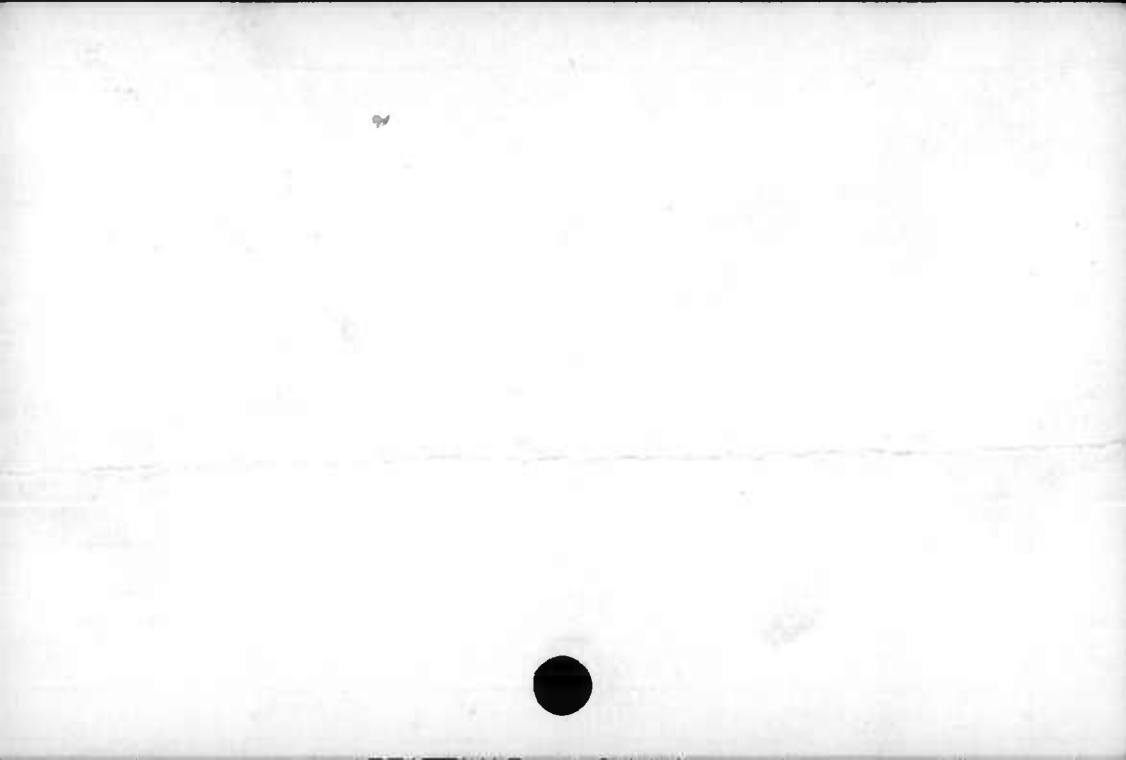
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Van Bisher		County Harford		MARYLAND	
Date of death	1907	Month March	Day 14 <sup>th</sup>	Age 73	Years	Months 6	Days 15
Sex	Male		Color or Race	White		Birth- place	Abingdon Ind
Occupation	Merchant			Where Residing if not at place of death		Place of death	
Married, Single or Widowed	Married		Name of Wife or Husband		Ellen G. Ford		
Father's Name	John Ford			Father's Birthplace	Unknown		
Mother's Maiden Name	Sara Elizabeth Timms			Mother's Birthplace	Unknown		
Name of person giving information	W. B. Ford			How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dilatation of heart	(79)	How long	Several weeks
Immediate	Heart failure		How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?		No	Franklinville Md	



Name  
in  
Full

CERTIFICATE OF DEATH

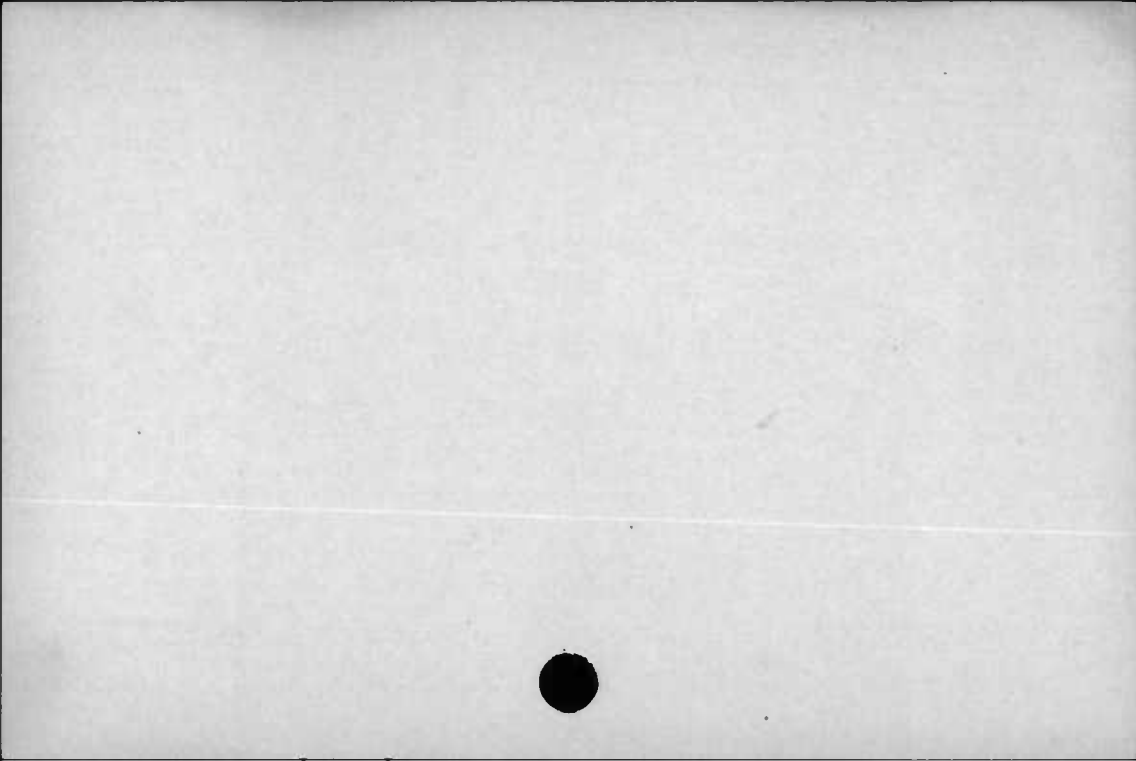
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John A. Foxwood</b>		Town <b>Keeler Creek</b>		County <b>Harford</b>		State <b>MARYLAND</b>	
Died at <b>Keeler Creek</b>		Date of death <b>1907</b>		Age <b>81 yrs</b>		Months <b>12</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Harford Co.</b>		Days <b>18</b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Wm. A. Foxwood</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>—</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>Edward Anderson</b>		How related to deceased <b>—</b>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Senility</b>	How long <b>154</b>
Immediate <b>Senility</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>—</b>	Signature of Physician <b>J. H. Tobias</b>
	Address <b>Castleton, Md.</b>
Accident or Suicide? <b>—</b>	





Name  
in  
Full

Hermulla Galoway

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1907

Month

Mar

Day

16

Age

Years

86

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Balt's County

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of Wife or  
Husband

Moses Galoway

Father's  
NameFather's  
BirthplaceMother's  
Maiden Name

Rebecca Elizabeth Brown

Mother's  
Birthplace

Balt's County

Name of person giving  
In formation

Daughter

How related  
to deceased

## CAUSES OF DEATH

(66)

Primary

Advancing years

How long

Immediate

Hemiplegia  
Cerebral Paralysis

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

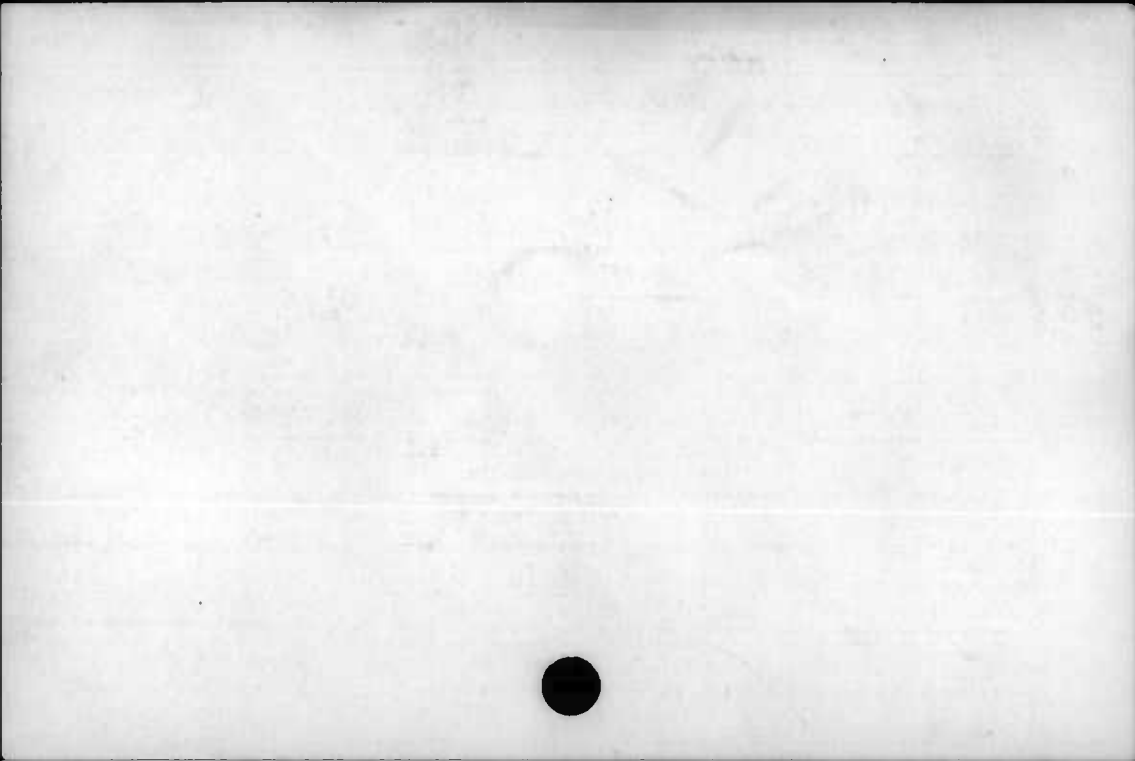
A. C. Goshier

Address

Harrods Green

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

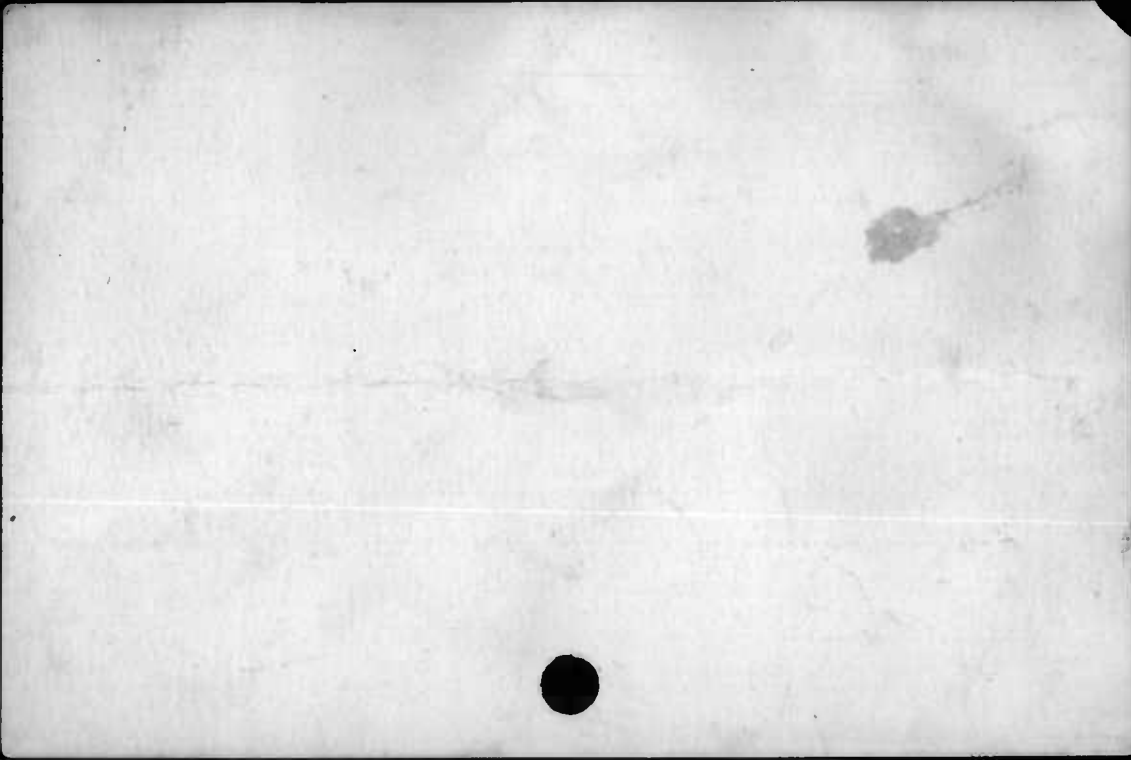
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leuch Side</i>		Town <i>Barfneil</i>		County		MARYLAND	
Date of death	1907	Month	Mar	Day	17	Age	70
Sex	Female	Color or Race	white	Birth-place		Forest Hill	
Occupation	Housekeeping		Where Residing if not at place of death		Brick Side		
Married, Single or Widowed	Single		Name of Wife or Husband		Anne E. Gallup		
Father's Name	James Devere		Father's Birthplace		Ireland		
Mother's Maiden Name	Annie E. Devere		Mother's Birthplace		Ireland		
Name of person giving information	Samuel Sutton		How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	(93)	How long.	7 day
Immediate	<i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		ye		
Signature of Physician		<i>J. H. Olier</i>		
Address		<i>Perryman</i>		
Accident or Suicide?				



Name

in  
Full

Janie Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harre de Grace</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>8</i>	Age <i>24</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford County</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>James Green</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Laura Smith</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>House monk</i>			How related to deceased <i>brother</i>		

## CAUSES OF DEATH

36

How long

How long

PHYSICIAN  
OR CORONERPrimary *Informed by members of family*Immediate *Syphilis*

Are the name, age, sex, color, date and place correctly given above?

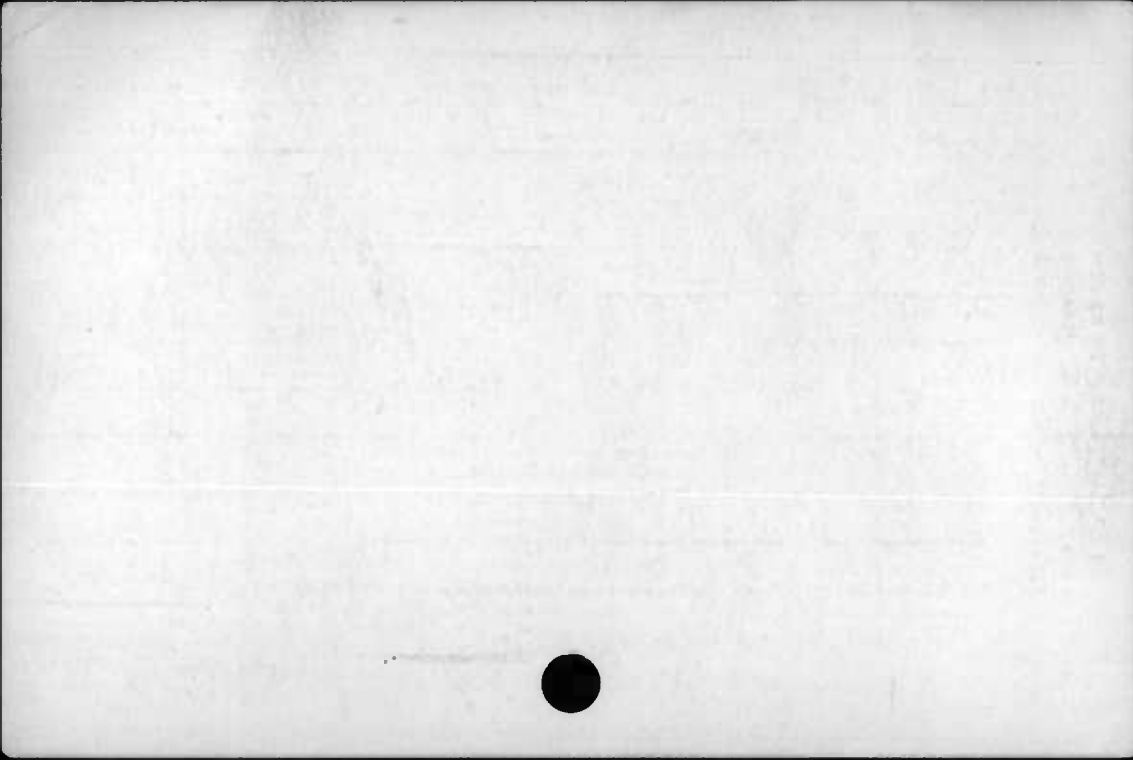
*yes*

Signature of Physician

Address

*G.T. Cunningham Undertaker**Harre de Grace*

Accident or Suicide?



Name  
in  
Full


## CERTIFICATE OF DEATH

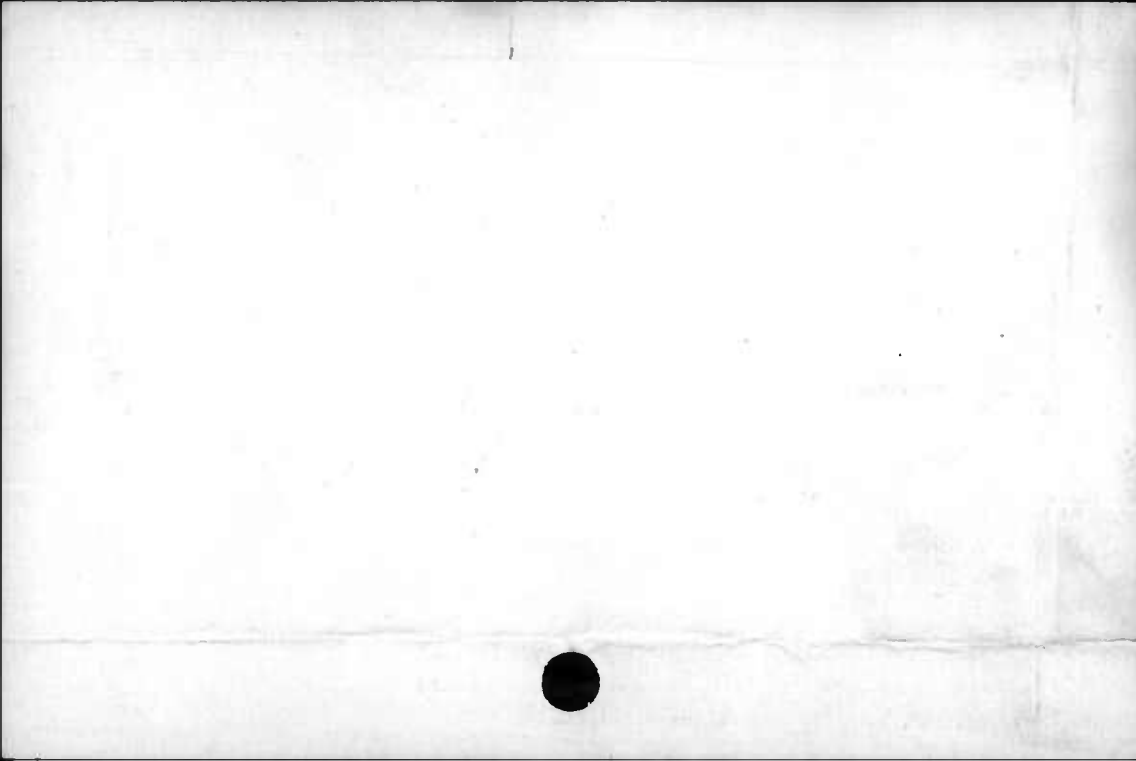
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Salem Mainfold Heaps</i>		Town <i>The Rocks</i>		County <i>Harford</i>		MARYLAND	
Died at <i>The Rocks</i>		Month <i>March</i>		Day <i>16</i>		Years <i>36</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>16</i>		Years <i>36</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Norrisville Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>The Rocks</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ida Meades</i>					
Father's Name <i>Nathaniel Heaps</i>		Father's Birthplace <i>Norrisville Ind.</i>					
Mother's Maiden Name <i>Rebecca Strawbridge</i>		Mother's Birthplace <i>Norrisville Ind.</i>					
Name of person giving information <i>Bert Myer</i>		How related to deceased <i>Brother-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	How long <i>2 years</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles W. Farnham</i>	
	Address 	
Accident or Suicide?	✓	





Name  
in  
Full

Mrs Mary Elizabeth Healy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

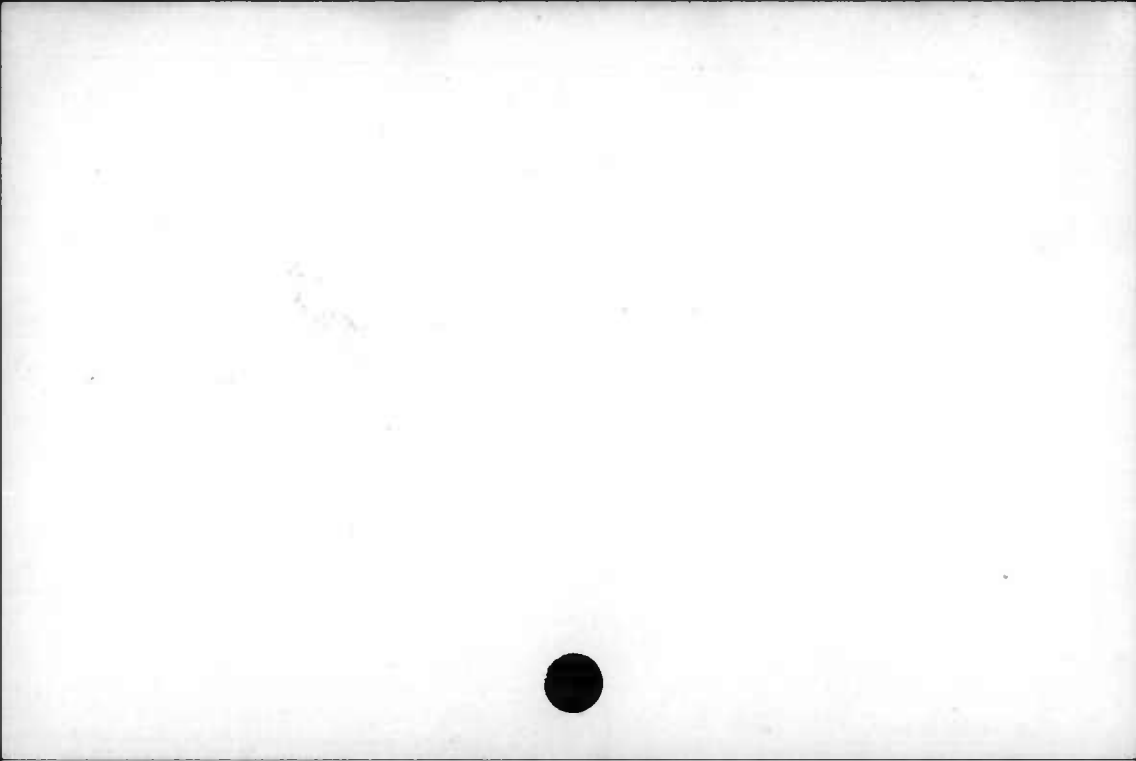
Died at <i>Cardiff</i> <sup>Town</sup>		<i>Stafford</i> <sup>County</sup>			
Date of death <i>1907</i>	<i>June</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	<i>75</i> <sup>Age</sup>	<i>0</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>at Son: Dr. J. J. Healy</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Healy</i>				
Father's Name <i>Wm Healy</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Hannah Howard</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John L. Norris</i>	How related to deceased				

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Paralysis</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Warren Ramsey</i>
	Address <i>Deer York Co Penna</i>
Accident or Suicide?	



Name  
in  
Full

William H. Hurley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town Jerusalem County Harford MARYLAND

Date of death 1907 March 13 Age 36 Months ✓ Days ✓

Sex Male Color or Race White Birth place Ind

Occupation Miller Where Residing if not at place of death ✓

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John Hurley Father's Birthplace Ind

Mother's Maiden Name Margaret Derarap Mother's Birthplace Ind

Name of person giving information Gas Hurley How related to deceased Son

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary Catarrhal Gastritis How long 6 years

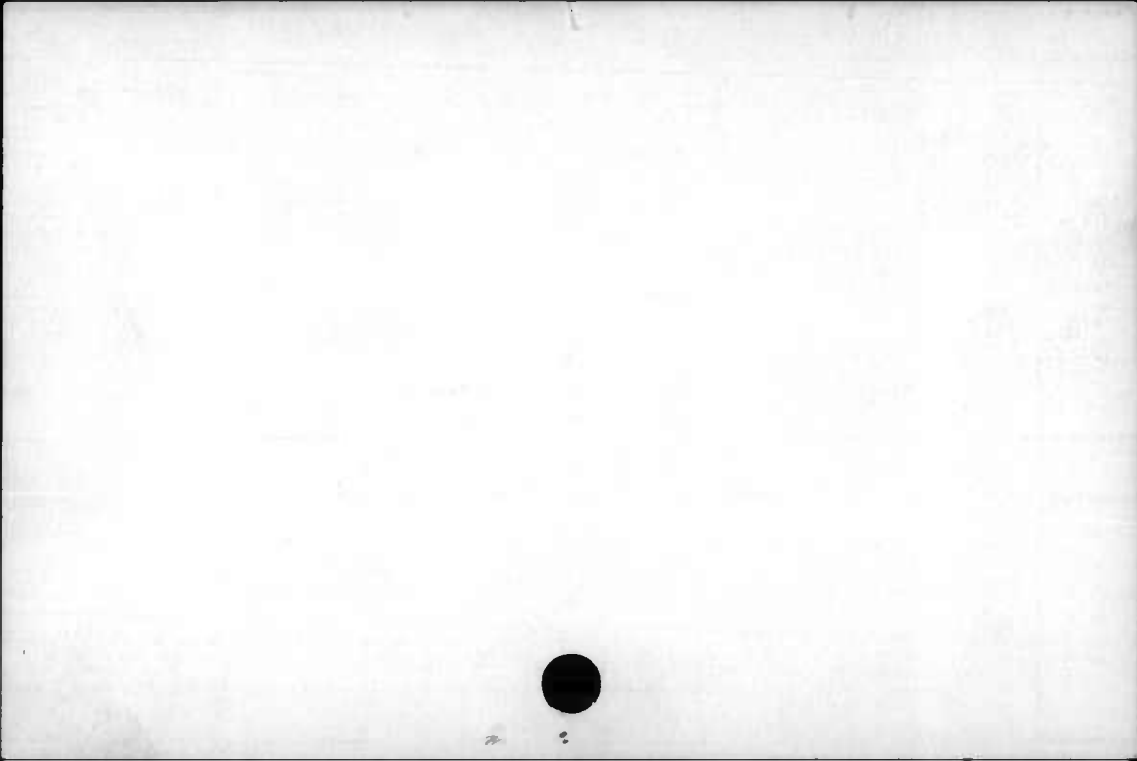
Immediate Intestinal tuberculosis How long one year

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. F. H. Gorman

Address Fort Ind

Accident or Suicide? ✓



Name in Full

Sarah R. Jones

Town

County

MARYLAND

Died at

Bel Air

Harford

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1904

3-17

Age

76-2-13

Harford Co. Housewife

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

5

Husband

of

Harry S. Jones

Wife

Father's

Name

John Rogers

Mother's

Name

79

Sarah A. Rogers

Cause of

Primary

Congestive heart failure

How long sick

About 2 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

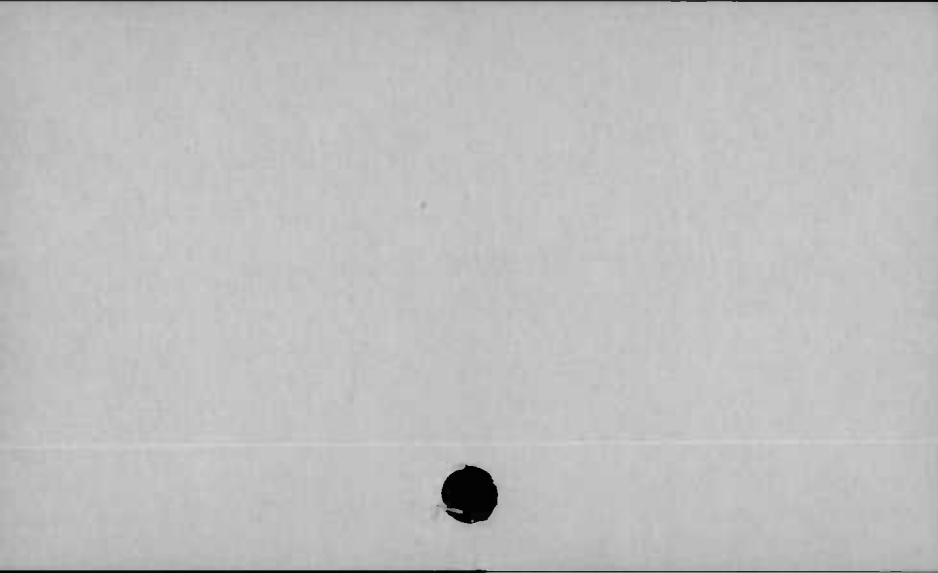
Reported by

C. A. Hollingsworth, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Stickney</i> <small>Town</small>		<i>Hayford</i> <small>County</small>		MARYLAND	
	Date of death <i>1907</i>	Month <i>2</i>	Day <i>2</i>	Years <i>74</i>	Months Days 	
	Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Canada</i>		
	Occupation <i>Labourer</i>		Where Residing if not at place of death 			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Larkin</i>				
	Father's Name <i>Wm. Larkin</i>	Father's Birthplace <i>England</i>				
	Mother's Maiden Name <i>Phoebe Lawrence</i>	Mother's Birthplace <i>Canada</i>				
Name of person giving information <i>Mary Larkin</i>		How related to deceased <i>wife</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Heart disease</i>		<i>79</i>		How long <i>no. years</i>	
	Immediate 		 		How long 	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Lee Hughes</i>			
	 		Address <i>F. nest Hill and</i>			
Accident or Suicide? 						





Name  
in  
Full

## CERTIFICATE OF DEATH

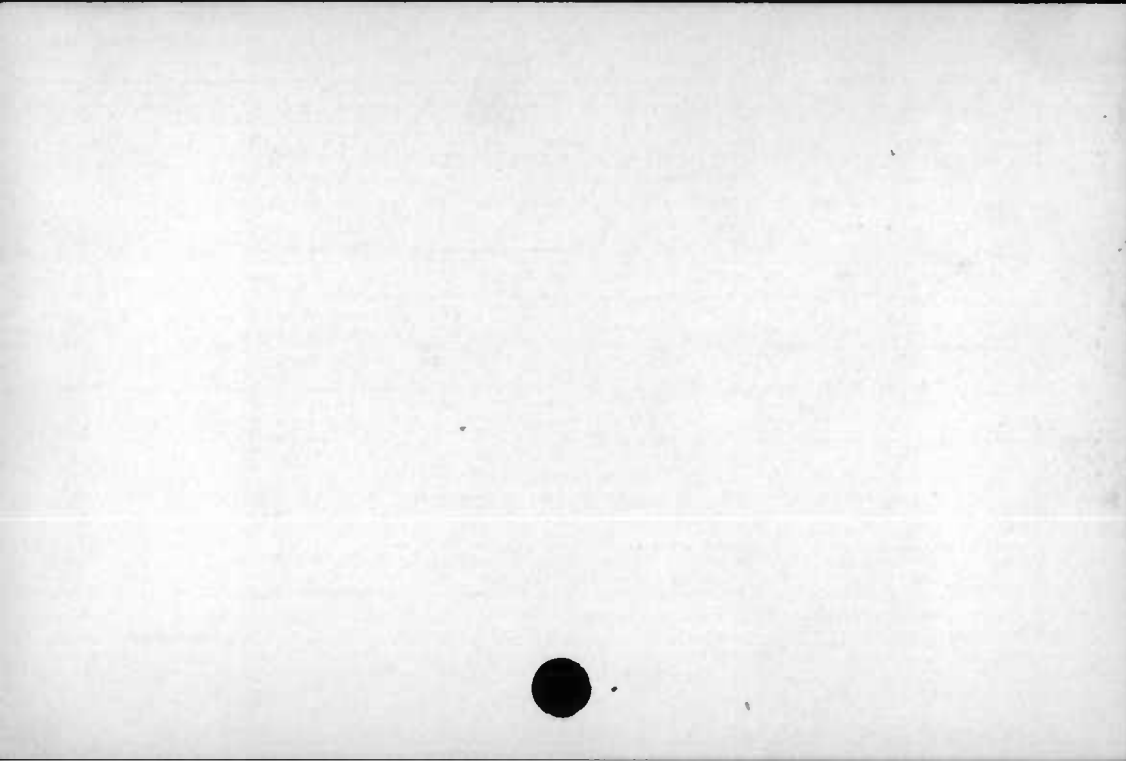
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Barack O. Loflin</i>		Town <i>Harrods Grace</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>20</i>		Years <i>28</i>	
Date of death		<i>1907</i>		Age		<i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Aldino</i>			
Occupation <i>Member</i>		Where Residing if not at place of death <i>Harrods Grace</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Albert Loflin</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Hannie Jensen</i>		Mother's Birthplace <i>Harford Co</i>					
Name of person giving information <i>Ada McCommane</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	(27)	How long <i>18 months</i>
Immediate	<i>Pulmonary Consumption</i>		How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>y es</i>		Signature of Physician <i>W. C. Cothran</i>	
		Address <i>Harrods Grace</i>	
Accident or Suicide?			



Name  
in  
Full

(Infant) Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Levee</u>		Town <u>Harford</u>		County <u>Harford</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>6</u>	Age <u>6</u>	Years <u>0</u>	Months <u>0</u>	Days <u>8</u>	
Sex <u>male</u>	Color or Race <u>Col</u>		Birth place <u>home</u>				
Occupation <u></u>			Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>					
Father's Name <u>Otie Morgan</u>		Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Annie Collins</u>		Mother's Birthplace <u>md</u>					
Name of person giving information <u>Otie Morgan</u>		How related to deceased <u>father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>151</u>	How long <u></u>
Immediate	<u>Icterus neonatorum</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. D. Hopkins</u>
		Address <u>Apore de Groce</u>
Accident or Suicide? <u></u>		<u>md</u>



Name in Full		Bulah I. Norris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Whitford		County Harford		MARYLAND	
	Date of death	1907	Month 3	Day 23	Age 16	Years 4	Months 5
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Thos H. Norris			Father's Birthplace	Md.	
	Mother's Maiden Name	Nancy J. Jones			Mother's Birthplace	Md.	
	Name of person giving information	Nancy J. Jones			How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	(179)			How long	Since Childhood	
	Immediate	Malnutrition due to weak brain			How long	3 wks.	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	R. Warren Ramsey	
	Address				Delta York Co. Pa.		
Accident or Suicide?							

Int. Vernon

Mar. 25-07

Name  
in  
Full

Hildreth Palmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	1907	Month 3	Day 11	Age	Years 6	Months 27	Days 27
Sex	Female		Color or Race	White		Birth place	Havre de Grace
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Charles Palmer				Father's Birthplace	Havre de Grace	
Mother's Maiden Name	Bede Sinclair				Mother's Birthplace	Gabel Co	
Name of person giving information	" "				How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Feeling	(71)	How long	3 or 4 weeks
Immediate	Convulsion		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	R. W. Smith
			Address	Havre de Grace
Accident or Suicide?	No			





Name  
in  
Full

Eliza Jane Silver

## CERTIFICATE OF DEATH

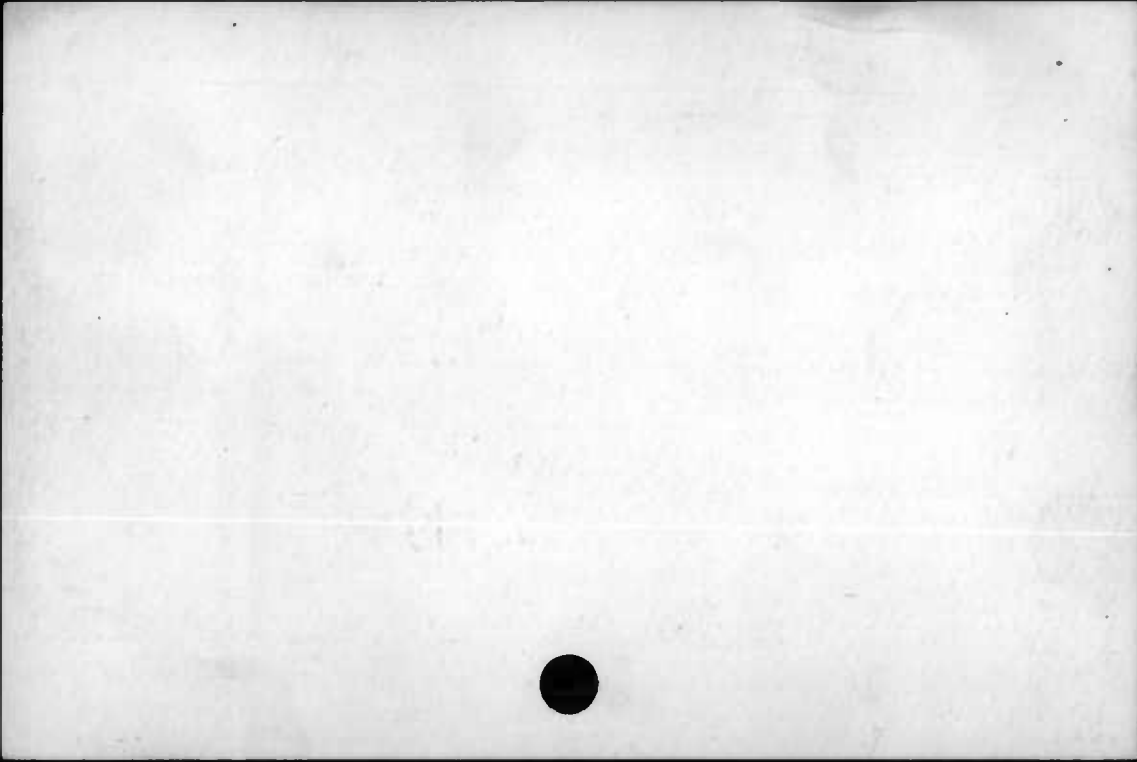
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Albany</u>		County <u>Hampson</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>6</u>	Age <u>70</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Housekeeper</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Samuel B. Silver</u>		Father's Birthplace <u>Ma</u>			
Mother's Maiden Name <u>Sarah Osborn</u>		Mother's Birthplace <u>Ma</u>			
Name of person giving information <u>Sarah O. Hughes</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Unk</u>	How long <u>178</u>
Immediate <u>Entered Dead</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Kennedy</u>
	Address <u>Albany Ind</u>
Accident or Suicide? <u>no</u>	<u>✓</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Age
1907		March	Monday	85-	2
Sex	Male	Color or Race	White	Birth-place	Churchville
Occupation	Barman		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	George Smith		
Father's Name	George Smith			Father's Birthplace	
Mother's Maiden Name	Ann Hawkins			Mother's Birthplace	
Name of person giving information	John Smith			How related to deceased	Nephew

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

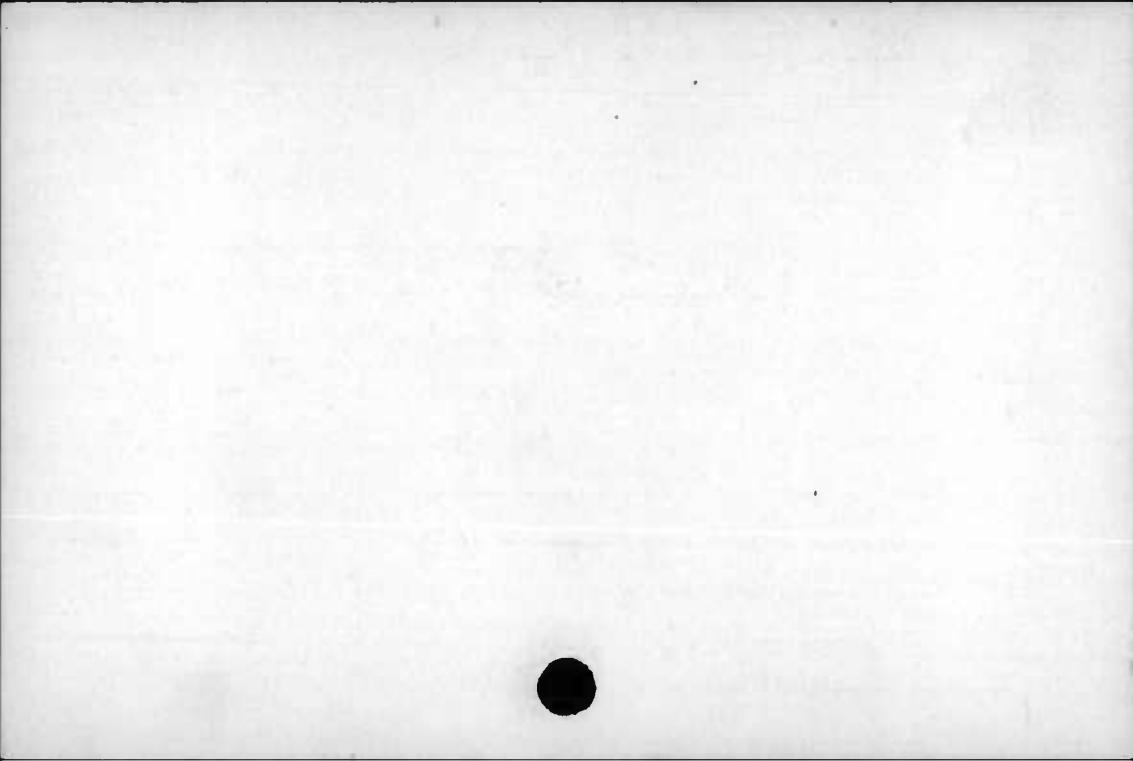
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pooler</i> Town		County <i>Hartford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>2-</i>	Age <i>53</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housekeeping</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Geo Smiley</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sophia Sampson</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	How long <i>one year</i>
Immediate <i>Alumina</i>	How long <i>four months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W B Park MD</i>
	Address <i>Warrenton Ind</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

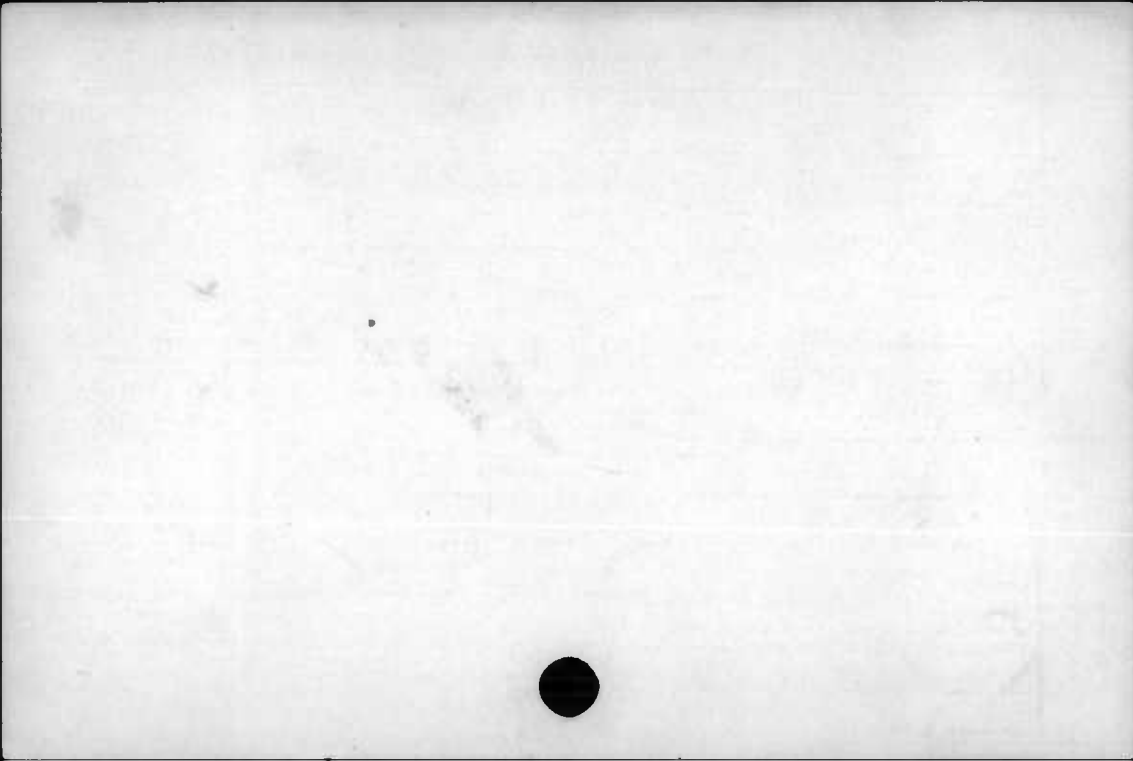
MARYLAND

Died at <i>Harford Furnace</i> <i>Harford</i> County					
Date of death <i>1907</i>	Month <i>March</i>	Day <i>1</i>	Age <i>62</i>	Months <i>11</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Md</i>		
Occupation <i>Carpenter</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of <del>Wife</del> or <i>Pauline McCallahan</i>			
Father's Name <i>Joseph Stansbury</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Jane Johnson</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Louise Stansbury</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>July 28 1907</i>
Immediate <i>Paralysis of heart failure</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Callahan</i>
<i>Yes</i>	Address <i>Creswell - Md -</i>
Accident or <del>Suicide</del>	





Name  
in  
Full

Mary E. Stephens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Whiteford</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Mar.</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>2</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pa</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
<del>Married</del> , Single or <del>Widowed</del>			Name of Wife or Husband <u></u>		
Father's Name <u>Archie Stephens</u>			Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Ada. Stanton</u>			Mother's Birthplace <u>Pa.</u>		
Name of person giving information <u>Archie Stephens</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Grip</u>	How long <u>One week</u>
Immediate <u>Pneumonia</u>	How long <u>Four days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. W. E. Arthur</u>
	Address <u>Barcliff Md</u>
Accident or Suicide?	

Int Olivet - 3-12-07

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1907		March	27	60			
Sex		Color or Race		Birth-place			
Male		White		Md			
Married, Single or Widowed		Occupation					
Married		Farmer					
Name of Wife or Husband							
Elizabeth							
Father's Name		Father's Birthplace					
Hugh Hard		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Ellen Connor		Ireland					
Name of person giving information		How related to deceased					
Elizabeth Hard		Wife					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart disease	How long	no. years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. Lee Hughes	
		Address	
		F. met Hill	
Accident or Suicide?			
		Md.	



Name  
in  
Full

Amelia Washington

## CERTIFICATE OF DEATH

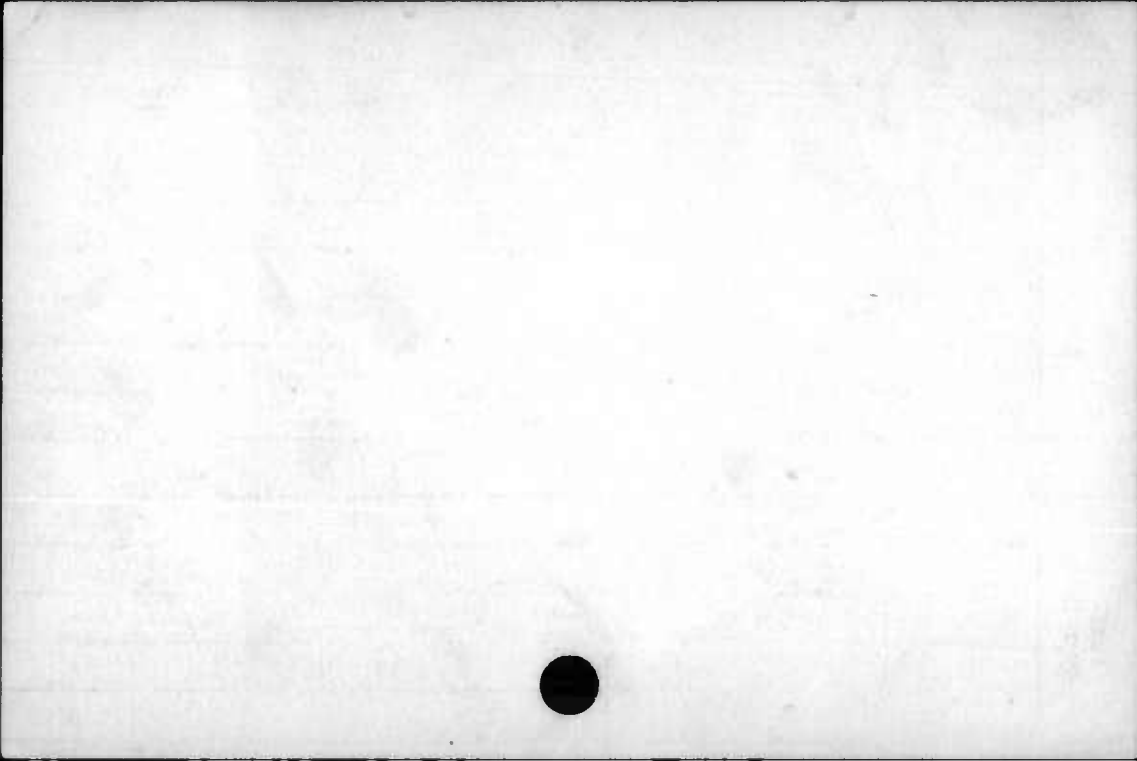
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berkley</i> Town		<i>Harford</i> County		MARYLAND	
Date of death 190	7	Month	3	Day	2
Age		75	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>black</i>	
Occupation	<i>h. work</i>		Birth-place	<i>Harford Co</i>	
Where Residing if not at place of death			<i>Berkley md</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Isaac Washington</i>		
Mother's Maiden Name			<i>Fannie Prigg</i>		
Name of person giving information			<i>Samuel White</i>		
Father's Birthplace			<i>Harford Co</i>		
Mother's Birthplace			<i>" "</i>		
How related to deceased			<i>son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accident</i>	How long	<i>1 year</i>
Immediate	<i>Paralysis</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>S. M. Hogan</i>	
		Address	
		<i>Conowingo Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Hazel B. Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Exnum</u>		Town <u>Exnum</u>		County <u>Hanford</u>		MARYLAND	
Date of death	1907	Month	3	Day	5	Age	2
Sex	Female	Color or Race	Black		Birth-place	Hanford Co	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wm H. Walters		Father's Birthplace		Hanford Co	
Mother's Maiden Name		Ella Masterton		Mother's Birthplace		" "	
Name of person giving information		Wm H. Walters		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Leptarrhoea</u>	How long	<u>3 weeks</u>
Immediate	<u>brucella</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>F. P. Smithson</u>	
Address		<u>Forest Hill Md</u>	
Accident or Suicide?			

179

Hanson Hill



Name  
in  
Full

Pauline Williams

## CERTIFICATE OF DEATH

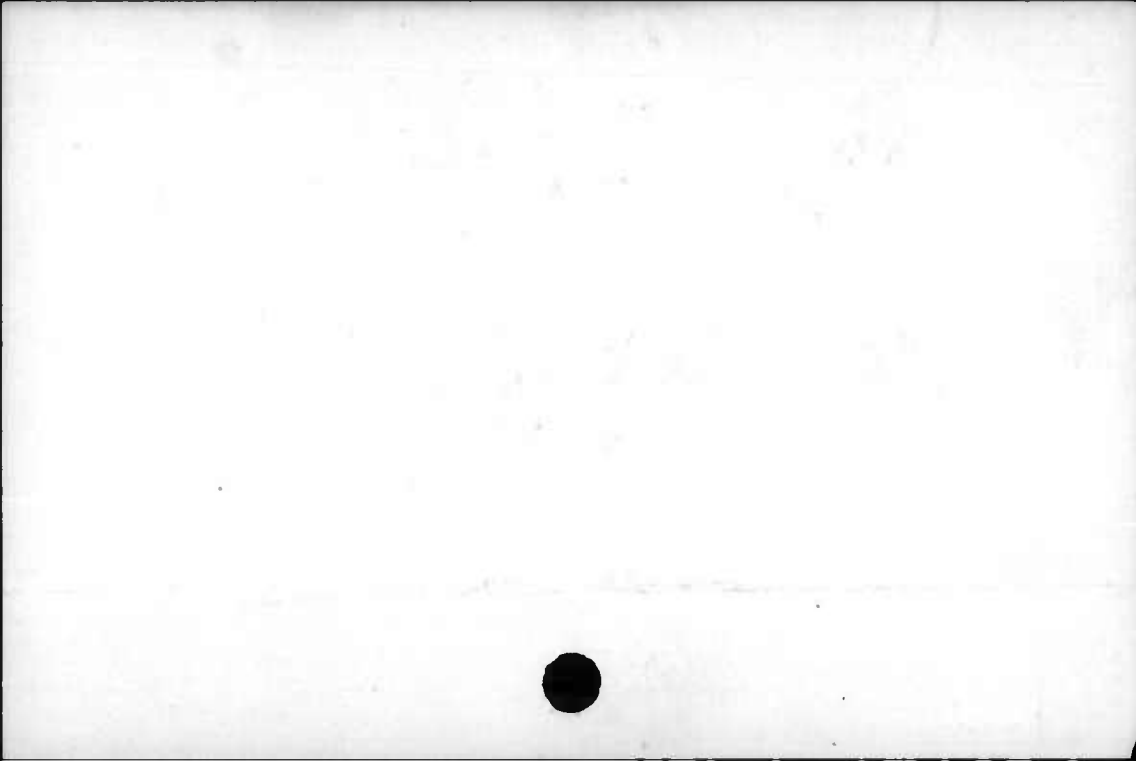
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Londontown		Stafford		County		MARYLAND													
Date of death		1907		Month		March		Day		22		Age		Years		Months		28		Days	
Sex		Female		Color or Race		White		Birth-place		Md											
Occupation				Where Residing if not at place of death																	
Married, Single or Widowed				Name of Wife or Husband																	
Father's Name		James C. Williams		Father's Birthplace		Md															
Mother's Maiden Name		Ella. Hickey		Mother's Birthplace		Pa															
Name of person giving information		John L. Norris		How related to deceased		nephew															

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Unknown.	(179)	How long	
Immediate	Unknown		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. Dams, Ramsay
			Address	Della. Pa.
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Nicholasville</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month 3	Day 13	Age	54	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i> Md</i>
Occupation	<i>Housekeeper</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>John W. Williams</i>			
Father's Name	<i>William Kender</i>			Father's Birthplace	<i> Md</i>		
Mother's Maiden Name	<i>Annie Holleyworth</i>			Mother's Birthplace	<i> Md</i>		
Name of person giving Information	<i>Annie Williams</i>			How related to deceased	<i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Colds*

(93)

How long

*2 months*

Immediate

*Pneumonia*

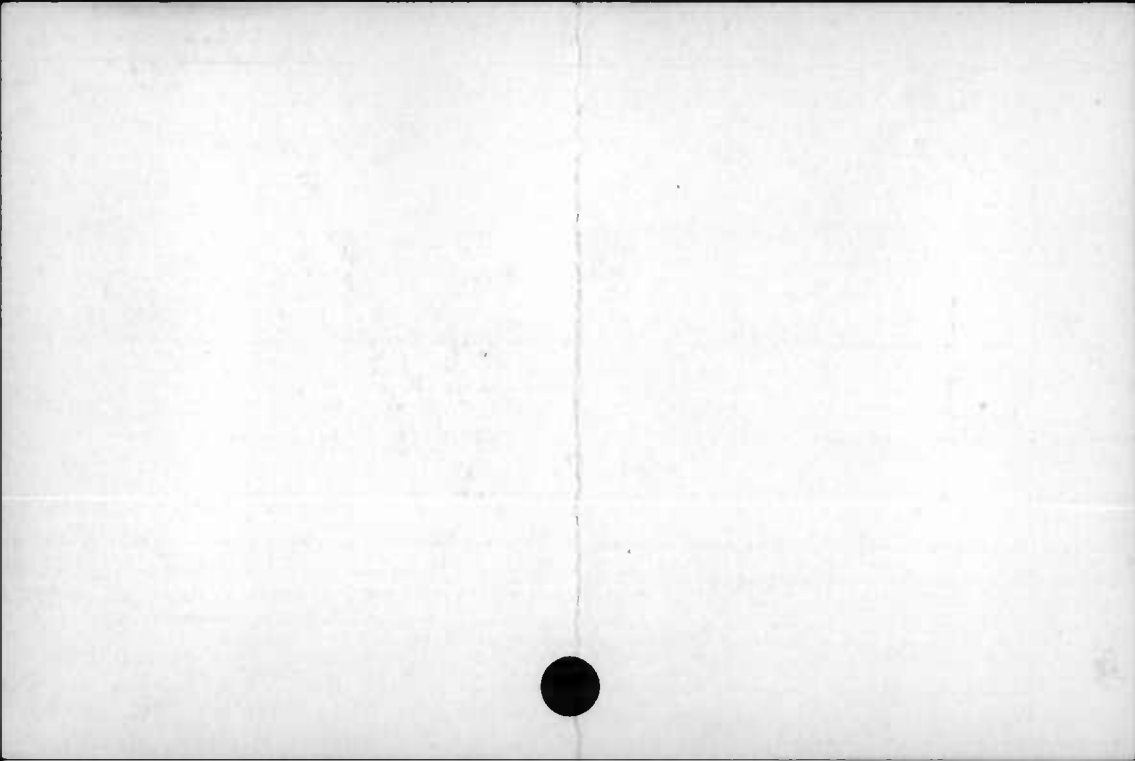
How long

*6 weeks*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*R. H. Johnson M.D.**Perryman Harford Co. Md*

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Name *Caleb Young*

Town *Wear Wornsville* County *Harford*

Died *at* *Wear Wornsville*

Date of death *1907* Month *March* Day *16* Age *about 83* Years Months Days

Sex *male* Color or Race *colored* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *no history* Father's Birthplace *—*

Mother's Maiden Name *no history* Mother's Birthplace *—*

Name of person giving information *Joseph Cordery* How related to deceased *none*

## CAUSES OF DEATH

Primary

*Senility**(10)*

How long

*—*

Immediate

How long

*1 week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*W. M. M. of St. Louis*

*Shane*

*Med*

Accident or Suicide?

